

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40815

State File No.

5166

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
c. LENGTH OF STAY (in this place) <u>20 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>4335 College Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4335 College Street</u>				e. STREET ADDRESS (If rural, give location) <u>4335 College Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CORA</u>		b. (Middle) <u>EILEEN</u>		c. (Last) <u>KOCHER</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>5</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug. 30, 1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>ORONO MO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Gullifer</u>		13b. MOTHER'S MAIDEN NAME <u>Owens</u>		14. NAME OF HUSBAND OR WIFE <u>DANIEL KOCHER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DANIEL KOCHER</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Thromboses coronary & cerebral arteries - 12 years</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromboses coronary & cerebral arteries - 12 years</u>		21. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) <u>arteriosclerotic nephritis</u> years</u>		22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		23. DATE OF OPERATION <u>12/5</u>	
24. MAJOR FINDINGS OF OPERATION		25. DATE OF OPERATION <u>12/5</u>		26. DATE OF OPERATION <u>12/5</u>		27. DATE OF OPERATION <u>12/5</u>	
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416. DATE OF OPERATION <u>12/5</u>		417. DATE OF OPERATION <u>12/5</u>		418. DATE OF OPERATION <u>12/5</u>		419. DATE OF OPERATION <u>12/5</u>	
420. DATE OF OPERATION <u>12/5</u>		421. DATE OF OPERATION <u>12/5</u>		422. DATE OF OPERATION <u>12/5</u>		423. DATE OF OPERATION <u>12/5</u>	
424. DATE OF OPERATION <u>12/5</u>		425. DATE OF OPERATION <u>12/5</u>		426. DATE OF OPERATION <u>12/5</u>		427. DATE OF OPERATION <u>12/5</u>	
428. DATE OF OPERATION <u>12/5</u>		429. DATE OF OPERATION <u>12/5</u>		430. DATE OF OPERATION <u>12/5</u>		431. DATE OF OPERATION <u>12/5</u>	
432. DATE OF OPERATION <u>12/5</u>		433. DATE OF OPERATION <u>12/5</u>		434. DATE OF OPERATION <u>12/5</u>		435. DATE OF OPERATION <u>12/5</u>	
436. DATE OF OPERATION <u>12/5</u>		437. DATE OF OPERATION <u>12/5</u>		438. DATE OF OPERATION <u>12/5</u>		439. DATE OF OPERATION <u>12/5</u>	
440. DATE OF OPERATION <u>12/5</u>		441. DATE OF OPERATION <u>12/5</u>		442. DATE OF OPERATION <u>12/5</u>		443. DATE OF OPERATION <u>12/5</u>	
444. DATE OF OPERATION <u>12/5</u>		445. DATE OF OPERATION <u>12/5</u>		446. DATE OF OPERATION <u>12/5</u>		447. DATE OF OPERATION <u>12/5</u>	
448. DATE OF OPERATION <u>12/5</u>		449. DATE OF OPERATION <u>12/5</u>		450. DATE OF OPERATION <u>12/5</u>		451. DATE OF OPERATION <u>12/5</u>	
452. DATE OF OPERATION <u>12/5</u>		453. DATE OF OPERATION <u>12/5</u>		454. DATE OF OPERATION <u>12/5</u>		455. DATE OF OPERATION <u>12/5</u>	
456. DATE OF OPERATION <u>12/5</u>		457. DATE OF OPERATION <u>12/5</u>		458. DATE OF OPERATION <u>12/5</u>		459. DATE OF OPERATION <u>12/5</u>	
460. DATE OF OPERATION <u>12/5</u>		461. DATE OF OPERATION <u>12/5</u>		462. DATE OF OPERATION <u>12/5</u>		463. DATE OF OPERATION <u>12/5</u>	
464. DATE OF OPERATION <u>12/5</u>		465. DATE OF OPERATION <u>12/5</u>		466. DATE OF OPERATION			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

John B. Lewis Jr.
working under my personal supervision.

Student Embalmer No. 407

Signed John B. Lewis Jr.
Student Embalmer

Signed

Charles H. Strickney

Licensed Embalmer No. 4560

P. O. Address R.C. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.